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CONFIRMATION NO. 1531

<b>SERIAL NUMBER</b> 10/785,541	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 108607-03CIP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/376,044 02/26/2003 PAT 6,921,355 and claims benefit of 60/469,283 05/09/2003  
 and claims benefit of 60/482,199 06/23/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 05/17/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

27189

## TITLE

METHOD OF USING A COLLAPSIBLE EXERCISE DEVICE

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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